

STATE OF TENNESSEE
DEPARTMENT OF HEALTH
DIVISION OF HEALTH RELATED BOARDS
MEDICAL LABORATORY BOARD
227 FRENCH LANDING, SUITE 300
HERITAGE PLACE, METROCENTER
NASHVILLE, TN 37243
(615) 532-3202
1-800-778-4123 Ext. 2-5128
tennessee.gov/health

APPLICATION

FOR

A LICENSE TO OPERATE

A COLLECTION STATION

() Initial \$700.00() Regulatory Fee \$5.00

Application should be typed or legibly printed in ink.

Enclose the appropriate fee \$705 with this application. DO NOT MAIL CASH. Make check or postal money order payable to the STATE OF TENNESSEE.

MAIL THE ORIGINAL DOCUMENT

KEEP A COPY FOR YOUR RECORDS

Please Submit To:

DEPARTMENT OF HEALTH

Divison of Health Related Boards Medical Laboratory Board 227 French Landing, Suite 300 Heritage Place, MetroCenter Nashville, TN 37243
 5029)001
 Initial Fee

 5029)002
 Renewal Fee

 5029)002
 Penalty Fee

 5029)006
 Regulatory Fee

\$700 \$700 \$500 \$5

Collection Station	Name:				
Collection Station	Address (Street, City, County, Zip):				
Mailing Address:					
		Telephone No. ()			
Type of ownership	o: ☐ Individual ☐ Partnership	☐ Corporation ☐ Government			
Owner's Name (In	dividual(s) or partner(s) or officer if corporation):				
Owner's Address:					
		Telephone No. ()			
Director's Name:					
Address:					
		Telephone No. ()			
Highest Education	nal Degree:	Current State License Held:			
Date Became Dire	ector of this Collection Station:				
If certified by Ame	rican Specialty Board(s), Name of Board(s):				
Name(s) and addr	ress(es) of other laboratories directed by this individual:				
REFERRED SPE	CIMENS				
A.	Are specimens referred to other laboratories for examination?				
	☐ No ☐ Yes If yes, furnish the name(s) and address(es) of the laboratories below:				

List of Personnel working for the Collection Station.

List the name of each person working in this collection station. If the individual possesses a license, please list the license number along with the expiration date of their license. A license will not be issued without this information.

NAME OF ALL PERSONNEL	SOCIAL SECURITY NO.	STATE LICENSE CLASSIFICATION (if applicable)	STATE LICENSE NO. (if applicable)	EXPIRATION DATE (if applicable)

Tennessee Code Annotated - Chapter 29 Medical Laboratories

68-29-126. Suspension, Revocation and Denial of Medical Laboratory License - Grounds. The board has the power to suspend or revoke a medical laboratory license or to deny the issuance or renewal of a license or deny approval whenever a medical laboratory owner or director or owner of a medical laboratory training facility commits any of the following offenses:

- (1) Making false statements on an application for a medical laboratory license or any other documents required by the board;
- (2) Permitting unauthorized persons to perform technical procedures or to issue or sign reports;
- (3) Demonstrating incompetence or making consistent errors in the performance of medical laboratory examinations and procedures;
- (4) Reporting which is erroneous;
- (5) Performing a test and rendering a report thereon to a person not authorized by law to receive such services;
- (6) Referring a specimen for examination to a medical laboratory which has not been licensed under this chapter, with exceptions noted in §68-29-104;
- (7) Rendering a report on medical laboratory work actually performed in another medical laboratory without designating the name of the director and the name and address of the medical laboratory in which the test was performed;
- (8) Having professional connection with or lending the use of the name of the licensed medical laboratory or its director to an unlicensed medical laboratory;
- (9) Making statements, in writing or orally, of a character tending to deceive or mislead physicians, dentists or hospitals;
- (10) The performing of cytological and anatomical pathological examinations in a medical laboratory not under the direction of a pathologist certified or eligible for certification by the American Board of Pathology, licensed to practice medicine in the State of Tennessee;
- (11) Violating or aiding and abetting in the violation of any provision of this chapter or the rules and regulations promulgated hereunder;
- (12) Failing to file any request or report required by the provisions of this chapter or the rules and regulations promulgated hereunder; or
- (13) Fraudulent advertising for patronage of the general public by means of bills, posters, circulars, letters, newspapers, magazines, directories, radio, television, or any other medium. [Acts 1967, ch. 355, § 26; 1973, ch. 141, § 10; T.C.A., § 53-4126; Acts 1989, ch. 467, 467, §§ 7, 12.]

Verification By Notary Public

Signer for application certifies that he or she is of responsible character and able to comply with the minimum standards and regulations established by Tennessee pertaining to medical laboratories for which application for licensure is made and with the rules promulgated under Tennessee Code Annotated, 68-29-101 et seq.

Applicant Signature	Title or Position	Date
State of Tennessee		
County of	.	
The above named applicant (print name)sworn on his/her oath, deposes that he/she thereof: that the statements concerning the correct and true to his/her own knowledge.	e has read the foregoing applicat	tion and knows the contents
Subscribed to and sworn to b	efore me this day of	, 20
NOTARY PUBLIC:		
My Commission Expires:		, 20
County		